

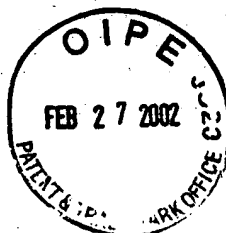


## UNITED STATES PATENT AND TRADEMARK OFFICE

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APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/006,174	12/04/2001	Simon Cawley	3397.1

22886  
AFFYMETRIX, INC  
ATTN: CHIEF IP COUNSEL, LEGAL DEPT.  
3380 CENTRAL EXPRESSWAY  
SANTA CLARA, CA 95051



CONFIRMATION NO. 2912  
FORMALITIES LETTER



\*OC000000007249777\*

Date Mailed: 01/02/2002

## NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

## Filing Date Granted

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is unsigned.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(l) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- The balance due by applicant is \$ 130.

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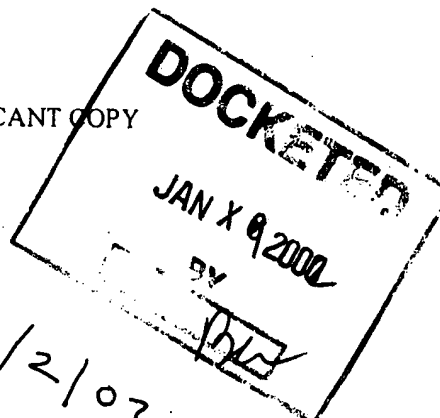
A copy of this notice **MUST** be returned with the reply.

*Thaine*

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 1 - ATTORNEY/APPLICANT COPY



due 3/2/02

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13/06/2002 JADD01 00000006 010431 10006174

11 FC:105 130.00 CH

SECTION 8

PTO/SB/21 (08-00)

Please type a plus sign (+) inside this box → ☒

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

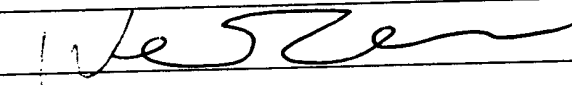
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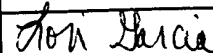
<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/006,174	
	Filing Date	12/4/01	
	First Named Inventor	Cawley	
	Group Art Unit	TBD	
	Examiner Name	TBD	
Total Number of Pages in This Submission	8	Attorney Docket Number	3397.1

**Stamp:** OIP FEB 27 2002

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input checked="" type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): return postcard
Remarks		

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Wei Zhou, Reg No. 44,419
Signature	
Date	2/5/02 2-14-2002

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 2/5/02 2/14/02			
Typed or printed name	Lori Garcia	Date	2/5/02 2/14/02
Signature			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be send to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**FEE TRANSMITTAL**  
**for FY 2002**

Patent fees are subject to annual revision.

Complete if Known

TOTAL AMOUNT OF PAYMENT (\$)

130

Application Number 10/006,174

Filing Date 12/04/01

First Named Inventor Cawley et al

Examiner Name TBD

Group / Art Unit TBD

Attorney Docket No. 3397.1

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## METHOD OF PAYMENT (check one)

1. ☒

The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit  
Account  
Number

01-0431

Deposit  
Account  
Name

Affymetix, Inc.

- ☒ Charge Any Additional Fee Required  
Under 37 CFR 1.16 and 1.17
- ☐ Applicant claims small entity status.  
See 37 CFR 1.27

2. ☐

Payment Enclosed:

- ☐ Check ☐ Credit card ☐ Money  
Order ☐ Other

## FEE CALCULATION

1.

## BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1)

(\$) 0

## 2. EXTRA CLAIM FEES

				Extra Claims		Fee from below		Fee Paid
Total Claims	<input type="text"/>	-20 **	=	<input type="text" value="0"/>	X	<input type="text" value="18"/>	=	<input type="text" value="0"/>
Independent Claims	<input type="text"/>	- **	=	<input type="text" value="0"/>	X	<input type="text"/>	=	<input type="text" value="0"/>
Multiple Dependent					X	<input type="text"/>	=	<input type="text" value="0"/>

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$) 0

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	130
127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17 (q)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$) 130

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)

Wei Zhou

Registration No. Attorney/Agent)

44,419

Telephone

(408) 731-5000

Signature

Date

2/5/02 2-14-2002

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